

FORM NO. 1.

## (1) PLACE OF BIRTH

County of BerkelyTownship of 1st. Stephenor  
Inc. Town ofor  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

6019

Registration District No. 705 Registered No. 13

(For use of Local Registrar)

(2) Full Name of Child V. C. Mc Makin Jr

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy(4) Twin or Triplet? ✓(5) Number in order of birth 6

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH March 21

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Van Mc Makin(9) PRESENT POSTOFFICE OF FATHER H. Stephen S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years)(12) BIRTHPLACE Berkely Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Rush(15) PRESENT POSTOFFICE OF MOTHER H. Stephen S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Berkely Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John S. Brown M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician H. Stephen S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness R. M. Bay

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3-29-1915 (28) R. M. Bay Local Registrar.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.